

FORM 103A. NOTICE OF APPEAL (COURT OF APPEALS)

STATE OF MINNESOTA
COUNTY OF _____

_____ DISTRICT COURT
COUNTY COURT
JUDICIAL DISTRICT

CASE TITLE:

Plaintiff,

NOTICE OF APPEAL TO COURT
OF APPEALS

vs.

TRIAL COURT CASE NUMBER:

Defendant.

DATE OF ORDER:
OR
DATE JUDGMENT ENTERED:

TO: Clerk of the Appellate Courts
Minnesota Judicial Center
St. Paul, MN 55155

Please take notice that the above-named defendant appeals to the Court of Appeals of the State of Minnesota from an order (judgment) of the court filed (entered) on the date shown, denying defendant's motion for a new trial.

DATED:

NAME, ADDRESS, ZIP CODE, TELEPHONE NUMBER OF ATTORNEY(S) FOR
PLAINTIFF.

NAME, ADDRESS, ZIP CODE, TELEPHONE NUMBER, AND ATTORNEY
REGISTRATION LICENSE NUMBER OF ATTORNEY(S) FOR DEFENDANT:

SIGNATURE

(The trial court caption is used on the notice of appeal. Subsequent documents shall bear the appropriate appellate court caption. [RCAP 103.01](#), subd. 1 specifies the contents of the notice of appeal and filings required to perfect an appeal, including filing fees. [RCAP 103.03](#) sets forth judgments and orders which are appealable to the Court of Appeals. [RCAP 104.01](#) specifies time limits for filing and service of the notice of appeal. [RCAP 107](#) provides for bond or deposit for costs. [RCAP 108.01](#) provides for a supersedeas bond. This document must be accompanied by 2 copies of a completed statement of the case. [RCAP 133.03](#).)